



01-001-01

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JAN 08 2004

1621

TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 38484-067	
SERIAL NO: 09/844,816	FILING DATE: April 30, 2001	EXAMINER: P. Zucker	GROUP ART UNIT: 1621 CONFIRMATION NO.: 3320
INVENTION: TRYPSIN SUBSTRATE AND DIAGNOSTIC DEVICE, AND METHOD OF USING SAME			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 551 857 US
DATE OF DEPOSIT: December 30, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO
ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE
AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450,
ALEXANDRIA, VIRGINIA, 22313-1450.

Paul Chci
(PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed October 3, 2003, with Attachment A, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	38	-	41	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPEN- DENT CLAIMS	6	-	6	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			YES		X	NO	\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

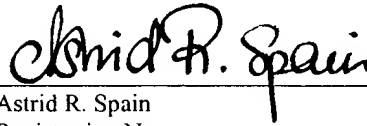
— Please charge my Deposit Account No. 502624 the amount of \$_____, \$ of which covers the fee for a _____-month extension of time. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Corey et al.
Serial No.: 09/844,816
Filed: April 30, 2001
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in black ink, reading "Astrid R. Spain", is written over a horizontal line.

Astrid R. Spain
Registration No.

McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
Suite 700
San Diego, California 92122
858-535-9001



PATENT
Client-Matter No.: 38484-067

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of
Corey et al.

) Confirmation No: 3320
)

) Group Art Unit: 1621
)

Serial No.: 09/844,816

) Examiner: P. Zucker
)

Filed: April 30, 2001

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For: TRYPSIN SUBSTRATE AND
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) ALEXANDRIA, VIRGINIA 22313-1450.
)

) Paul Choi
) (PRINTED NAME OF PERSON MAILING PAPER OR FEE)
)

) [Signature]
) (SIGNATURE OF PERSON MAILING PAPER OR FEE)
)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Responsive to the Office Action mailed October 3, 2003, entry of the following
Amendments and Remarks is respectfully requested.

A **Claim Listing** begins on page 2 of this paper.

Remarks begin on page 12 of this paper.